REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 7 16 05 2 Serial/Patent # 10 526,856					
3 Please refund the following fee(s):		4 PA	PER MBER	5 DATE FILED	6 AMOUNT
	Filing				\$ 100.00
	Amendment				\$
	Extension of Time				\$
	Notice of Appeal/Appeal				\$
	Petition				\$
	Issue				\$
	Cert of Correction/Terminal Disc.				\$
	Maintenance				\$
	Assignment				\$
<u></u>	Other				\$
		7 TOTAL AMOUNT OF REFUND \$ 100.00			
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
	Overpayment	V	Cı	redit Depo	osit A/C #:
	Duplicate Payment	9 1 14 11 14 3 1			
	No Fee Due (Explanation):				
Fee Code Correction					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: BARBARA CAMPBEII TITLE:					
signature: BAC PHONE: 763 308-9140					
office: $\frac{\mathcal{PCT/PO/E0}}{\mathcal{PCT/PO/E0}}$ ext 217					
THIS SPACE RESERVED FOR FINANCE USE ONLY: Repln. Ref: 07/18/2005 BCAMPBEL 0015293000 FC: 9204 APPROVED:					
APPROVED: DATE: FC: 9204 ************************************					\$100.00 CR

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

FORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B